

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. SWI -	YEAR 2017
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# APPLICATION FOR PERMIT TO OPERATE A POOL / HOT TUB / WATER SLIDE

CASH ☐

CHECK ☐



NORTHAMPTON BOARD OF HEALTH  
212 MAIN STREET  
NORTHAMPTON, MA 01060  
(413) 587 - 1214

LICENSE FEE:  
- Pools & Specialty Pools -  
**\$150 seasonal / \$250 year round**

Application is hereby made for a permit to operate a public, semi-public, swimming, wading, specialty pool, hot tub, or water slide. This pool, tub, or slide is to be operated according to the minimum standards for swimming pools set forth in 105 CMR 435.000 Chapter V: Minimum Standards for Swimming Pools.

Date \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Name & Title of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Name of Owner (If different) \_\_\_\_\_

If corporation or partnership, give name, title & home address of officers or partners.

Name

Title

Home Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUIRED – Name of CERTIFIED POOL OPERATOR:

NOTE: Please include a copy of Certified Pool Operator Certificate

Type of Pool: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Volume: \_\_\_\_\_

Water Source: \_\_\_\_\_ Sewage Disposal: \_\_\_\_\_ Maximum Bather Load: \_\_\_\_\_

Treatment System (Kinds of Filters, etc.): \_\_\_\_\_ Disinfection Method ((Type, capacity, etc.): \_\_\_\_\_ Chemical Treatment (Feeders, capacity, quantity): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person in Charge

Email Address

Telephone Number

Signature of Individual or Corporate Name

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**